Lienholder: BAPTIST HEALTH SYSTEM SHELBY **Patient: JASON L. HALL** **Lien Amount: $608.00**	**STATEMENT OF HOSPITAL LIEN** *Ala.Code 35-11-371(1975)*

Inst # 1998-25860

NOTICE IS HEREBY GIVEN, that BAPTIST HEALTH SYSTEM SHELBY Shelby, Alabama, claims a lien for its reasonable charges incurred in the care, treatment, and maintenance of the above patient. This lien is claimed upon any and all actions, claims, counterclaims, and demands accruing to this patient, or their legal representative, and upon all judgments, settlements, and settlement agreements entered into by virtue thereof on account of the injuries giving rise to such actions, claims, counterclaims, demands, judgments, settlements or settlement agreements, which necessitated such care, treatment or maintenance.

Date Injured: 03-21-98 **Patients Address:** _____

Date Admitted: 03-21-98 P.O. BOX 424

Account Numbers: 30698419 ALABASTER, AL 35007

Claimant avers upon information and belief that the following persons, firms or corporations are or may be claimed by the patient to be liable for damages arising from his/her injuries:

***Under Alabama Code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not they are named herein.**

Felisa L. Carter
BAPTIST HEALTH SYSTEM SHELBY

State of Alabama)
SHELBY County)

Personally appeared before me the undersigned Notary Public in and for said County and State, FELISA L. CARTER who being known to me did execute the above Statement of Hospital Lien in my presence and furthermore having been first duly sworn did upon oath state that (s)he executed the same with full authority and as the act of CULLMAN REGIONAL MEDICAL CENTER.

Done this 24TH Day of JUNE, 1998.

Kerri Kennedy
Notary Public

07/08/1998-25860
02:12 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCD 8.50